# Course Variation or

# Course Extension Form

Use this form to request:

a) Course Variation (permission to undertake a variation from course requirements specified in the [relevant Regulation 11 and Course Record](https://divinity.edu.au/about/governance/the-act-and-regulations/))

b) Course Extension (an extension of time beyond the maximum permitted in the [relevant Regulation 11 and Course Record](https://divinity.edu.au/about/governance/the-act-and-regulations/))

Please read the [Enrolment Policy](https://divinity.edu.au/documents/enrolment-policy/) before completing this form. Complete, attach supporting evidence of exceptional circumstances, sign and send to your Academic Dean or equivalent. You may be requested to submit further evidence if required.

## Student Details

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | Student ID |  |
| First given name |  | Other given name/s (middle) |  |
| Unique Student Identifier (USI)[*Refer to the Australian Government USI website*](https://www.usi.gov.au/)  I permit my College and University of Divinity staff to verify and view my USI details. | | |  |
| College/School |  | | |
| Course(s) |  | | |

## Citizenship Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please mark one box. Visa holders must attach a copy of their current visa if it has changed.* | | | | | |
| **Domestic** | | | | | |
|  | Australian citizen | |  | NZ citizen | |
|  | Australian Permanent Visa holder  *(permitted to remain in Australia indefinitely)* | |  | Permanent humanitarian visa holder  *(permitted to remain in Australia indefinitely)* | |
| **Overseas** | | | | **Visa Name** | **Expiry Date** |
|  | | Hold current visa choose from the list🢥 | |  | /  / |

**Important note**: If you hold a student 500 visa or other temporary visas, any variation to your course duration may affect the status of your student visa. You are required to seek prior approval from the [Department of Home Affairs (DHA)](https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500/genuine-temporary-entrant) or its equivalent for extensions of time to complete your course.

## Course Variation

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| --- |
| *Describe the proposed variation to the course structure described in the* [*relevant Regulation 11 and Course Record*](https://divinity.edu.au/about/governance/the-act-and-regulations/) *governing your course.* |
|  |
| Give reasons for the proposed variation. Attach evidence where applicable. |
|  |
| List the course outcomes in the [relevant Regulation 11 and Course Record](https://divinity.edu.au/about/governance/the-act-and-regulations/) of your course, and detail how your variation will ensure that those outcomes are met. |
|  |

## Course Extension

|  |  |
| --- | --- |
| *Reasons for extension of time to complete your course* | |
|  | |
| *Demonstrate how your knowledge relating to the course will still be current when you complete* | |
|  | |
| *Proposed new course end date as agreed with Academic dean:* | /    /      *dd/mm/yyyy* |

## Privacy Information

The information on this form is collected for the primary purpose of assessing your application or re-enrolment. Other purposes of collection include the creation of a record on the student database, attending to administrative matters, corresponding with you, and statistical analyses. If you choose not to complete all the questions on this form, it may not be possible for the University of Divinity to assess your application or re-enrolment. All sensitive and personal information will be handled in accordance with the University’s Privacy Policy. Personal information may be disclosed to authorised bodies and the permitted purposes for which such personal information may be used, as authorised by the Higher Education Support Act 2003. For details of the privacy and collection statement that applies to this form, please go to <https://divinity.edu.au/privacy>.

You have a right to access personal information that the University of Divinity holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about handling of your personal information, please contact the University of Divinity at [enquiries@divinity.edu.au](mailto:enquiries@divinity.edu.au)

## Student Acknowledgement

|  |  |  |  |
| --- | --- | --- | --- |
| All information given to support this change of enrolment is to the best of my knowledge correct and complete in every particular | | | |
| Name/Signature |  | Date | /    / |
| Type name for electronic submission | dd/mm/yyyy |

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| --- |
| **Student Checklist** |
| **Student to complete**  If applying for a ***course variation***, Section A is completed  If applying for a ***course extension***, Section B is completed  **All students:** Please ensure that you have signed the declaration in Section D. |

## College/School Checking and Approval

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| --- | --- | --- | --- | --- | --- |
| **Academic Dean to complete 1 or 2**  ***1. Course Variation***  I support the proposed course variation.  I certify that exceptional circumstances exist which warrant approval of a course variation.  I confirm that the student has not yet commenced the course variation.  I certify that the proposed study program fulfills the course outcomes detailed in the [relevant Regulation 11 and Course Record](https://divinity.edu.au/about/governance/the-act-and-regulations/).  I recommend that the course variation be approved.  ***2. Course Extension***  I support the proposed course extension.  I certify that exceptional circumstances exist which warrant approval of a course extension.  I confirm that the student is presently within the maximum time allotted for completion of the course.  I certify that the student’s knowledge will be current at the conclusion of the course.  I recommend that the course extension be approved. | | | | | |
| *Name* |  | *Signature* |  | *Date* | /    / |

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| **Dean of Academic Programs checking and approval** | | | | | |
| I recommend approval of the course variation or course extension  I recommend disapproval of the course variation or course extension (and have consulted the academic dean) for the following reasons:    I recommend an alternative course of action (and have consulted the academic dean): | | | | | |
| *Name* |  | *Signature* |  | *Date* | /    / |

|  |  |  |
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| **Chair of Academic Board approval** *(Dean of Academic Programs to complete)* | | |
| Chair of Academic Board approved the course variation or extension.  Chair of Academic Board disapproved the course variation or extension.  Chair of Academic Board approved an alternative course of action. | *Date* | /    / |
| Chair of Academic Board informed the student in writing. | *Date* | /    / |